

SURGERY CONSENT FORM

Owner's Name: _____

Date: _____

Pet's Name: _____

Telephone number where you can be reached if necessary:

I am the owner or agent for the above described animal and have the authority to execute this consent.

I hereby consent and authorize the performance of the following procedure/operation(s):

I have been advised that current vaccines, a negative flea exam, a yearly stool check and a canine heartworm test are required for admission. I assume full financial responsibility for any updates or treatments necessary to meet these requirements.

I understand that during the performance of the foregoing procedure/operation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operation(s) or different procedure/operation(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure/operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgement.

I also authorize the use of appropriate anesthetics and other medications if deemed necessary by the veterinarian.

I have been advised as to the procedure/operation(s) and the risks involved. I do understand that all anesthesia involves some risk to my pet. I am aware that the practice of veterinary medicine is not an exact science and I acknowledge that no warranty or guarantee has been made to me as to the results of the operation or procedure.

I have read and understand this authorization and consent.

Name _____

Date